



Medical PA Criteria Proposal

Medical Procedure Class:	Manual Hospital Beds - E0250, E0251, E0255, E0256, E0290, E0291, E0292, E0293
Date:	December 27, 2007
Prepared for:	MO HealthNet
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☒ **New Criteria**

☐ **Revision of Existing Criteria**

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of Hospital Beds.	
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th General Assembly directs the Division of Medical Services to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.	
Procedures subject to Pre-Certification	E0250: Hospital Bed, fixed height, with any type side rails, with mattress E0251: Hospital Bed, fixed height, with any type side rails, without mattress E0255: Hospital Bed, variable height, hi-lo, with any type of side rails, with mattress E0256: Hospital bed, variable height, hi-lo, with any type of side rails, without mattress E0290: Hospital bed, fixed height, without side rails, with mattress E0291: Hospital bed, fixed height, without side rails, without mattress E0292: Hospital bed, hi-lo, without side rails, with mattress E0293: Hospital bed, hi-lo, without side rails, without mattress.	
Setting & Population:	All MO HealthNet fee-for-service patients.	
Type of Criteria:	<input type="checkbox"/> Increased risk of ADE <input type="checkbox"/> Appropriate Indications	<input checked="" type="checkbox"/> Non-Preferred Agent <input type="checkbox"/>
Data Sources:	<input checked="" type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> Databases + Prescriber-supplied

Setting & Population

- Procedure Group for review: Manual Hospital Beds
- Age range: All MO HealthNeteligible patients

Approval Criteria

Fixed Height Hospital Bed (E0250, E0251, E0290, E0291)

- Pt. has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed and requires head/upper body elevation of 30 degrees or more; or
- Pt. requires the head/upper body to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration, or
- Pt. requires positioning of body in ways not feasible with an ordinary bed in order to alleviate pain, and
- Pillows and/or wedges for positioning of head have been tried and/or ruled out.

Variable Height Hospital Bed (E0255, E0256, E0292, E0293)

- Patient meets one of the criteria for a fixed height hospital bed and requires a **variable** bed height other than fixed height to permit transfers to chair, wheelchair or standing position.

Denial Criteria

- Purchase of hospital bed within the past 60 months.
- Pt. fails to meet fixed height hospital bed approval criteria for diagnosis or condition.
- Pt. has diagnosis of congestive heart failure, chronic pulmonary disease or problems with aspiration, but does not require special positioning or bed elevation of 30 degrees or more.
- Pillows and/or wedges have not been tried or ruled out.

Approval Period

- Rental: duration of need 0-11 months
- Purchase: duration of need 12 months or more